

VIRGINIA DEPARTMENT OF TRANSPORTATION  
Certification/Recertification Application

THIS APPLICATION IS TO BE COMPLETED ONLY BY THOSE  
INDIVIDUALS WHO OWN AND OPERATE (DRIVE) ONE TRUCK

1. Name of Firm \_\_\_\_\_
2. Mailing Address of Firm \_\_\_\_\_
3. Address of Business (if different from above, include city and state)  
\_\_\_\_\_  
\_\_\_\_\_
4. Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ SS# \_\_\_\_\_
5. Applying as a ( ) DBE ( ) WBE      5a. Date Business Established \_\_\_\_\_
6. Ownership of Firm: Identify by name, race, and sex the individual(s) who are responsible for the following decisions:

	NAME	RACE	SEX
FINANCIAL			
ESTIMATING			
CONTRACT NEGOTIATION			

7. Provide a copy of the following documents. Please check to ensure you have enclosed them:
- ☐ Copy of your current truck registration from Division of Motor Vehicles (DMV).
  - ☐ Lease agreement for vehicle. (if one has not been previously submitted).
  - ☐ Proof of racial heritage or protected class membership such as birth certificate, driver's license. (if race or sex is shown).
  - ☐ Current business license or statement from your locality (on their letterhead) if one is not required. (If one has not been previously submitted).





## AFFIDAVIT

The undersigned hereby declares that the foregoing is a true statement of the financial condition of the individual, partnership or corporation, herein first named, as of the date herein first given; that this statement is in response to a questionnaire and that any depository, vendor, or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement.

State of \_\_\_\_\_ County/City of \_\_\_\_\_

\_\_\_\_\_ being duly sworn deposes and says  
(Print Name of Company Officer)

that he is \_\_\_\_\_ of \_\_\_\_\_ the  
(Title) (Company Name)

firm described in and which executed the foregoing statement; that he/she is familiar with the books of the said applicant showing its financial condition; that the foregoing financial statement, taken from the books of the said applicant, is a true and accurate statement of the financial condition of said applicant as of the date thereof and that the answers to the foregoing interrogatories are true, and further swears that the answers to all questions and all statements furnished as part of or therein contained in this application are true and correct.

\_\_\_\_\_  
(Signature of Company Officer)

Sworn to before this the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

(Seal) \_\_\_\_\_  
(Notary Public)

My Commission Expires \_\_\_\_\_.

Mail completed application to:

VDOT  
Equal Opportunity Division  
Certification Section  
1401 E. Broad Street  
Richmond, VA 23219

If you have any questions, please contact the Equal Opportunity Division at (804) 786-2085.